



Digital Enablement Training for Small Business Application

1. Full Name * _____

2. Gender *

Female

Male

3. Age * _____

4. Email * _____

5. Phone number * _____

6. Address *

7. What is the name of your business: _____

8. How long have you been operating your business: _____

9. Briefly describe your business

10. What challenges are you experiencing in your business or what kind of support do you need?

11. Tell us why you want to be part of this training and how it can assist you?
